

7/24/09 8:19:06
DK W BK 612 PG 687
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by and Return to:
Rhonda M. Landrum
BASKIN, MCCARROLL, MCCASKILL, ALDRIDGE &
CAMPBELL, P.A.
P O BOX 190
SOUTHAVEN, MS 38618
Telephone: (662) 349-0664
Mississippi Bar No. 10523

QUITCLAIM DEED

For and in consideration of the sum of Ten and no/100 Dollars (\$10.00) this day cash in hand and other good and valuable consideration, the receipt of which is hereby acknowledged, **HENRY T. ROSTECK** as TRUSTEE and SETTLOR of THE ROSTECK FAMILY TRUST, the Certificate of Trust is attached as Exhibit "A," and as the surviving spouse of Emma Boyd Rosteck, a copy of whose Death Certificate is attached as Exhibit "B,"

(GRANTOR), 8719 Bell Ridge Drive, Olive Branch, Mississippi, 38654-6229, phone: 662-812-3331, does hereby bargain, grant, sell, convey and quitclaim unto **HENRY T. ROSTECK**, 8719 Bell Ridge Drive, Olive Branch, Mississippi, 38654-6229, phone: 662-812-3331, a **Life Estate**, with the remainder interest to **SUSAN R. HULEIGH**, 4103 Destin Drive, Olive Branch, MS 38654, phone: 662-890-0542, and **H. THOMAS ROSTECK, JR.**, 2407 Golden Oaks, Fayetteville, AR 72703, Phones: 479-521-0277, as tenants in common, (GRANTEES), the following described real property located in DeSoto County, Mississippi, described as follows, to-wit:

Lot 21, Section A, Bell Ridge Subdivision, in Section 9, Township 2 South, Range 6 West, Desoto County, Mississippi, as appears on the plat recorded in Book 52, Pages 1-4, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Being the same property previously recorded in Book 323, Page 784 and Book 372, Page 197, in the office of the Chancery Clerk of DeSoto County, Mississippi.

INDEXING INSTRUCTIONS: Lot 21, Section A, Bell Ridge Subdivision, DeSoto County, Mississippi.

TOGETHER WITH all improvements thereupon and the rights, alleys, ways, waters, easements, privileges, appurtenances and advantages belonging or appertaining thereto.

THIS QUITCLAIM DEED IS EXECUTED pursuant to **Article 8 of The Rosteck Family Trust Agreement**, under which Trust the Grantor of this Deed is a Trustee, a Settlor, and a Beneficiary. **Article 8 in Subsection 8.1**, of said Trust, states, in pertinent part, as follows, to-wit:

"If a Settlor ceases to act for any reason including incapacity, the other settlor shall continue to act as the sole trustee of all trusts hereunder."

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal on the 21st day of July, 2009.

Henry T. Rosteck
Henry T. Rosteck

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said County and State, on this 21st day of July, 2009, within my jurisdiction, the within named Henry T. Rosteck who acknowledged that he executed the above and foregoing instrument as his own voluntary act and deed and under the authority granted him in his capacity as Trustee and Settlor of The Rosteck Family Trust.

Jeff Scott McCaskill
NOTARY PUBLIC

MY COMMISSION EXPIRES:



Prepared by and Return To:
 Rhonda M. Landrum
 BASKIN, McCARROLL, McCASKILL, ALDRIDGE, &
 CAMPBELL, P.A.
 P.O. Box 190
 Southaven, MS 38671
 Telephone: 662-349-0664
 Mississippi Bar No. 10523

Grantor/Settlor/Trustee:
 Henry Thomas Rosteck, Sr.
 8719 Bell Ridge Drive
 Olive Branch, MS 38654
 (H) 662-812-3331
 (W) N/A

Indexing Instructions:
 Lot 21, Section A, Bell Ridge
 Subdivision, Plat Book 52, Page 1
 Section 9, T-2-S, R-6-W

CERTIFICATE OF TRUST AGREEMENT

THIS CERTIFICATE OF TRUST AGREEMENT, made as of this 21st day of July, 2009, between Henry Thomas Rosteck, Sr. (hereinafter referred to as "Grantor" and/or "Settlor") and Henry Thomas Rosteck, Sr., (hereinafter referred to as "Trustee").

For the purpose of evidencing of record the existence of the Rosteck Family Trust ("Trust") and the power of the Trustee hereunder to hold and deal with the assets of said trust, this instrument is being executed pursuant to the intention of the original Rosteck Family Trust ("Trust").

The undersigned Settlor and Trustee, being first duly sworn on oath according to law, does hereby declare and certify the following:

1. This Affidavit of Trust relates to the Rosteck Family Trust, dated May 2, 2000 (the "Trust").

2. The name and address of the Grantor is:

Henry Thomas Rosteck, Sr., 8719 Bell Ridge Drive, Olive Branch, MS 38654

3. The name and address of the Trustee empowered to act under the Trust at the time of the execution of this Certificate is:



Henry Thomas Rosteck, Sr., 8719 Bell Ridge Drive, Olive Branch, MS 38654

4. The name and address of the Successor Trustees are:

Henry Thomas Rosteck, Jr., 2407 Golden Oaks, Fayetteville, Arkansas 72703

and

Susan R. Hurleigh, 4103 Destin Drive, Olive Branch, MS 38654

5. The Anticipated date of Termination of this trust shall be: on the date of the last to die of the two settlors, namely H. T. Rosteck and Emma B Rosteck. At the time of execution of this instrument H. T. Rosteck, Sr. is the only survivor as is evidenced by a copy of the Death Certificate of Emma B. Rosteck, which is attached hereto and made a part hereof by reference.
6. The real property included in this Trust located in DeSoto County, Mississippi is described as follows:
- Lot 21, Section A, Bell Ridge Subdivision, in Section 9, Township 2 South, Range 6 West, DeSoto County, Mississippi, as recorded in Plat Book 52, Pages 1-4, in the records of the Chancery Clerk of DeSoto County, Mississippi.
7. The trustee(s) are authorized by the Trust Agreement to sell, convey, pledge, mortgage, lease, manage, operate, control transfer title, divide, convert or allot the trust property, including real and personal property including but not limited to securities of all kinds, and to sell upon deferred payments, except as limited by the following (if none, so indicate): NONE
8. The undersigned hereby represents that the statements contained in this Certificate of Trust are true and correct, and that there are no other provisions in the Trust Agreement or amendments to it that limit the powers of the Trustee to sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert, allot or sell upon deferred payments trust property, including real and personal property including but not limited to securities of all kinds. Any person may rely upon this Certificate of Trust as evidence of the existence of said Trust Agreement, and is relieved of any obligation to verify that any transaction entered into by a Trustee of successor Trustee thereunder is consistent with the terms and conditions of said Trust Agreement.
9. This trust has not been revoked, modified, or amended in any manner which would cause the representations in this certification of trust to be incorrect. This trust is being signed by all currently acting trustees of the trust.

Henry T. Rosteck, Sr.
Henry Thomas Rosteck, Sr., Settlor
Henry T. Rosteck, Sr.
Henry Thomas Rosteck, Sr., Trustee

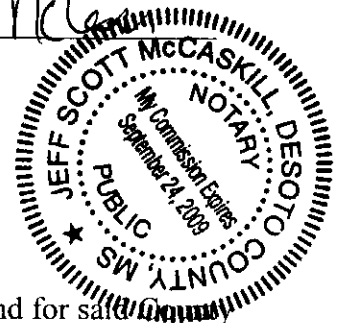
STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, duly commissioned and qualified, HENRY THOMAS ROSTECK, SR., the within named Grantor/Settlor, with whom I am personally acquainted, or proved to me on this basis of satisfactory evidence, and who acknowledged that he executed and delivered the foregoing instrument on the date therein mentioned and for the purposes therein contained.

Sworn to and subscribed before me this the 21st day of July, 2009.

Jeff Scott McCaskill
Notary Public

My Commission Expires: 9/24/2009



STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned, a Notary Public in and for said County and State, duly commissioned and qualified, HENRY THOMAS ROSTECK, SR., the within named Trustee of the ROSTECK FAMILY TRUST, with whom I am personally acquainted, or proved to me on this basis of satisfactory evidence, and who acknowledged that he executed and delivered the foregoing instrument on the date therein mentioned and for the purposes therein contained, after having been duly authorized so to do.

Sworn to and subscribed before me this the 21st day of July, 2009

Jeff Scott McCaskill
Notary Public

My Commission Expires: 9/24/2009



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

DK W BK 612 PG 692

EXHIBIT

B

TYPE OR PRINT
WITH BLACK INK

FILING DATE MAR 2 2006

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 12306-003768

DECEASED	1. NAME First Middle Last EMMA JEAN ROSTECK			2. SEX FEMALE	3a. HOUR OF DEATH 6:30A	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 6, 2006			
	4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 79 Years	5b. MOS ONLY IF UNDER 1 YEAR		5c. DAYS ONLY IF UNDER 1 DAY	5d. HOURS ONLY IF UNDER 1 DAY	5e. MINS ONLY IF UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year) MARCH 26, 1926	7a. COUNTY OF DEATH DESOTO
	7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BEVERLY HEALTH CARE				7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA		8. STATE OF BIRTH TN	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) HENRY ROSTECK		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO		
Death occurred in institution, see HANDBOOK, regarding completion of RESIDENCE items	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN			15a. USUAL OCCUPATION (Kind of work done, most of working life) TAX EXAMINER		15b. KIND OF BUSINESS OR INDUSTRY IRS			
	16a. RESIDENCE--STATE MISSISSIPPI	16b. COUNTY DESOTO	16c. CITY OR TOWN SOUTHAVEN		16d. INSIDE CITY LIMITS (Specify Yes or No) YES	16e. STREET AND NUMBER OR RURAL LOCATION 1730 DORCHESTER DR.			
	17. FATHER--NAME First Middle Last JOHN J. BOYD			18. MOTHER--NAME First Middle Maiden MARY WATKINS					
	19a. INFORMANT--NAME (Type or print) HENRY ROSTECK			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 8719 BELL RIDGE DRIVE-OLIVE BRANCH, MS 38654					
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY--NAME MEMORIAL PARK		20c. LOCATION (City and State) MEMPHIS, TN		21a. EMBALMER--SIGNATURE AND NUMBER WENDY AMMAR-#TN-5895		
	21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER MEMORIAL PARK -#522			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5668 POPLAR AVENUE-MEMPHIS, TN 38119					
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print) Rebecca Word R.N.				22b. PRONOUNCED DEAD (Month, Day, Year) Feb. 6, 2006		22c. PRONOUNCED DEAD (Hour) AT 6:30A		
CERTIFIER	23a. CERTIFIER--NAME (Type or print) JEFFERY POUNDERS			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 POUNDERS ROAD-NESBIT, MS 38651					
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE			24b. DATE SIGNED (Month, Day, Year)			24c. STATE LICENSE NUMBER		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE			24f. TITLE Desoto M.D.		
				24g. DATE SIGNED (Month, Day, Year) Feb. 15, 2006					
MODE OF DEATH	25. PART I. DEATH CAUSED BY: (a) Hypertension			Interval between onset and death					
	(b) ASCD			Interval between onset and death					
	(c)			Interval between onset and death					
	26. PART II. OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in PART I Alzheimers Disease			27. AUTOPSY (Yes or No) No			28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes		
Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route number		City or town	State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Amy, MD, MHA, MPH

STATE HEALTH OFFICER

MAR-2 2006

Judy Moulder

STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.



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